L19000193744

(Requestor's Name)					
(Address)					
(Address)					
· ,					
(City/State/Zip/Phone #)					
(only state 2.pr Hone ny					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
TALLAHASSES

JU 09/23/20

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ			
	(Name of Limit	ted Liability Co	empany)
The er	nclosed member, resignation or dissocia	ation and fee((s) are submitted for filing.
Please	return all correspondence concerning t	his matter to	:
HEATI	HER A. ADAMS		
	(Contact Person)		
SUNRA	AE, LLC		
	(Firm/Company)		
500 PA	LMER ST, SUITE 535		
-	(Address)		-
GREE	N COVE SPRINGS, FL 32043		
	(City/State and Zip Code)		-
For fu	rther information concerning this matte	r, please call	:
HEATI	HER A. ADAMS	386 at (
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: ng Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	it appears on the records of the Flori	ida Depa	rtment	
2. The Florida docu L19000193744	ment/registration number as	ssigned to this limited liability compa	iny is:		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	Y 15, 202	0	
4. 1, DANNY L. HEN (Print N. MEMBER	SLEY, II ame of Person Resigning)	, hereby withdraw/resign as a			
-		ne limited liability company has been	notified	of my	
Signature of Di	ssociating, Member or Resig	ning Manager	SECRETI TALLA	2020 JUL 30	
	\$25.00 (Required) \$30.00 (Optional)		ARY OF STA VHASSEE, FI	30 AM 10: 2	